



# MIAMI-DADE COUNTY TEEN COURT

19 West Flagler St., M-106  
Miami, Florida 33130  
Ph. (305) 372-7600  
Fax (305) 579-3699

17753 Homestead Avenue  
Perrine, Florida 33157  
Ph. (786) 293-4500  
Fax (786) 293-4504

## **ADULT VOLUNTEER APPLICATION** **(CONFIDENTIAL INFORMATION)**

### **Personal information**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE NO: \_\_\_\_\_

OTHER PHONE NO: (CELLULAR OR BEEPER): \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

### **Employment information**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

### **Volunteer information**

HAVE YOU EVER VOLUNTEERED BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE LIST PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY SPECIAL INTERESTS AND/OR TALENTS? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT TEEN COURT? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT CHARGES? \_\_\_\_\_

WHERE CONVICTED? \_\_\_\_\_

DATE OF CONVICTION \_\_\_\_\_

**I AM INTERESTED IN SERVING AS A (CHECK ALL AREAS OF INTEREST):**

- ☐ **JUDGE (ACTIVE JUDGE OR ATTORNEY)**
- ☐ **YOUTH ATTORNEY TRAINER**
- ☐ **JURY/COURTROOM MONITOR**
- ☐ **WORKSHOP FACILITATOR OR TUTOR**

**PREFERRED COURTROOM LOCATION (SEE LIST BELOW)**\_\_\_\_\_

MONDAY - THURSDAY, EVENINGS BEGINNING AT 5:30 P.M. (EXCEPT HOLIDAYS)

**RICHARD GERSTEIN JUSTICE BUILDING (MONDAYS)**  
1351 NW 12TH STREET, MIAMI, FL - COURTROOM 1 - 3

**SOUTH DADE GOVERNMENT CENTER (TUESDAYS)**  
10710 SW 211 STREET, MIAMI, FL- COURTROOM 2 - 5

**NORTH DADE JUSTICE CENTER (WEDNESDAYS)**  
15555 BISCAYNE BOULEVARD, MIAMI, FL – 2 - 6

**HIALEAH CITY HALL (2<sup>ND</sup>, 3<sup>RD</sup> AND 4<sup>TH</sup> THURSDAY OF EVERY MONTH)**  
501 PALM AVENUE, HIALEAH, FL (COMMISSION CHAMBER – THIRD FLOOR)

**PLEASE LIST THREE CHARACTER REFERENCES:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NO: \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NO: \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE. I  
FURTHER UNDERSTAND THAT AS A TEEN COURT VOLUNTEER, I AM  
REQUIRED TO KEEP ALL TEEN COURT CASE INFORMATION CONFIDENTIAL**

\_\_\_\_\_  
**ADULT VOLUNTEER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TEEN COURT COORDINATOR**

\_\_\_\_\_  
**DATE**